

1. Pregnant women who are at a high risk of consuming alcohol during pregnancy; and
2. Children who are suffering from fetal alcohol syndrome.

(Added to NRS by [1999, 1060](#); A [2003, 1361](#))

NRS 442.395 Confidentiality of reports and associated documentation relating to certain referrals to Division. Except as otherwise provided in [NRS 239.0115](#) and [439.538](#), if a pregnant woman is referred to the Division by a provider of health care or other services for information relating to programs for the prevention and treatment of fetal alcohol syndrome, any report relating to the referral or other associated documentation is confidential and must not be used in any criminal prosecution of the woman.

(Added to NRS by [1999, 1060](#); A [2007, 1978, 2109](#))

NRS 442.400 Request for and use of certain information from natural parent of child to be placed for adoption. The agency which provides child welfare services or a licensed child-placing agency shall inquire, during its initial contact with a natural parent of a child who is to be placed for adoption, about consumption of alcohol or substance abuse by the mother of the child during pregnancy. The information obtained from the inquiry must be:

1. Included in the report provided to the adopting parents of the child pursuant to [NRS 127.152](#); and
2. Reported to the Division on a form prescribed by the Division. The report must not contain any identifying information and may be used only for statistical purposes.

(Added to NRS by [1999, 1060](#); A [2001 Special Session, 54](#))

NRS 442.405 Request for and use of certain information from natural parent of child to be placed in family foster home.

1. The agency which provides child welfare services shall inquire, during its initial contact with a natural parent of a child who is to be placed in a family foster home, about consumption of alcohol or substance abuse by the mother of the child during pregnancy. The information obtained from the inquiry must be:

(a) Provided to the provider of foster care pursuant to [NRS 424.038](#); and

(b) Reported to the Division on a form prescribed by the Division. The report must not contain any identifying information and may be used only for statistical purposes.

2. As used in this section, "family foster home" has the meaning ascribed to it in [NRS 424.013](#).

(Added to NRS by [1999, 1061](#); A [2001 Special Session, 54](#); [2013, 1455](#))

NRS 442.410 Request for and use of certain information from natural parent of child whom court determines must be kept in temporary or permanent custody. An agency which provides child welfare services shall inquire, during its initial contact with a natural parent of a child whom a court has determined must be kept in temporary or permanent custody, about consumption of alcohol or substance abuse by the mother of the child during pregnancy. The information obtained from the inquiry must be:

1. Included in the report the agency is required to make pursuant to [NRS 432B.540](#); and

2. Reported to the Division on a form prescribed by the Division. The report must not contain any identifying information and may be used only for statistical purposes.

(Added to NRS by [1999, 1061](#); A [2001 Special Session, 54](#))

NRS 442.415 Division: Adoption of regulations. The Division shall adopt regulations necessary to carry out the provisions of [NRS 442.400](#), [442.405](#) and [442.410](#).

(Added to NRS by [1999, 1061](#); A [2013, 3051](#))

NRS 442.420 Division: Development and maintenance of system for monitoring syndrome. The Division shall develop and maintain a system for monitoring fetal alcohol syndrome, that may include, without limitation, a method of:

1. Identifying the geographical areas in this state in which women are at a high risk of consuming alcohol during pregnancy and groups of persons in this state that include such women;
2. Identifying and evaluating deficiencies in existing systems for delivering perinatal care; and
3. Collecting and analyzing data relating to systems for delivering perinatal care.

(Added to NRS by [1999, 1061](#))

NRS 442.425 Gifts, grants and contributions: Application for and acceptance by Division; administration and use.

1. The Division may apply for and accept gifts, grants and contributions from any public or private source to carry out its duties pursuant to the provisions of [NRS 442.385](#) to [442.425](#), inclusive.

2. The Division shall account separately for the money received from those gifts, grants or contributions. The Administrator of the Division shall administer the account, and all claims against the account must be approved by the Administrator before they are paid.

3. The money in the account must be used only to carry out the provisions of [NRS 442.385](#) to [442.425](#), inclusive.

(Added to NRS by [1999, 1060](#); A [2003, 1361](#))

SCREENING OF HEARING OF NEWBORN CHILDREN

NRS 442.500 Definitions. As used in [NRS 442.500](#) to [442.590](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 442.510](#), [442.520](#) and [442.530](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2001, 2460](#))

NRS 442.510 "Hearing screening" defined. "Hearing screening" means a test or battery of tests administered to determine the need for an in-depth hearing diagnostic evaluation.

(Added to NRS by [2001, 2460](#))

NRS 442.520 “Hospital” defined. “Hospital” has the meaning ascribed to it in [NRS 449.012](#).

(Added to NRS by [2001, 2460](#))

NRS 442.530 “Provider of hearing screenings” defined. “Provider of hearing screenings” means a health care provider who, within the scope of his or her license or certificate, provides for hearing screenings of newborn children in accordance with [NRS 442.500](#) to [442.590](#), inclusive. The term includes a licensed audiologist, a licensed physician or an appropriately supervised person who has documentation that demonstrates to the State Board of Health that he or she has completed training specifically for conducting hearing screenings of newborn children.

(Added to NRS by [2001, 2460](#))

NRS 442.540 Certain medical facilities prohibited from discharging newborn child born in facility until child has undergone or been referred for hearing screening; exception; regulations.

1. Except as otherwise provided in this section and [NRS 442.560](#), a licensed hospital in this state that provides services for maternity care and the care of newborn children and a licensed obstetric center in this state shall not discharge a newborn child who was born in the facility until the newborn child has undergone a hearing screening for the detection of hearing loss to prevent the consequences of unidentified disorders, or has been referred for such a hearing screening.

2. The requirements of subsection 1 do not apply to a hospital in which fewer than 500 childbirths occur annually.

3. The State Board of Health shall adopt such regulations as are necessary to carry out the provisions of [NRS 442.500](#) to [442.590](#), inclusive.

(Added to NRS by [2001, 2461](#))

NRS 442.550 Hearing screenings: Persons authorized to conduct; certain medical facilities to hire or enter into written agreement with provider of hearing screenings; documentation to be placed in medical file of newborn child; written reports.

1. A hearing screening required by [NRS 442.540](#) must be conducted by a provider of hearing screenings.

2. A licensed hospital and a licensed obstetric center shall hire, contract with or enter into a written memorandum of understanding with a provider of hearing screenings to:

(a) Conduct a program for hearing screenings on newborn children in accordance with [NRS 442.500](#) to [442.590](#), inclusive;

(b) Provide appropriate training for the staff of the hospital or obstetric center;

(c) Render appropriate recommendations concerning the program for hearing screenings; and

(d) Coordinate appropriate follow-up services.

3. Not later than 24 hours after a hearing screening is conducted on a newborn child, appropriate documentation concerning the hearing screening, including, without limitation, results, interpretations and recommendations, must be placed in the medical file of the newborn child.

4. A licensed hospital and a licensed obstetric center shall annually prepare and submit to the Division a written report concerning hearing screenings of newborn children in accordance with regulations adopted by the State Board of Health. The report must include, without limitation, the number of newborn children screened and the results of the screenings.

5. The Division shall annually prepare and submit to the Governor a written report relating to hearing tests for newborn children. The written report must include, without limitation:

(a) A summary of the results of hearing screenings administered to newborn children and any other related information submitted in accordance with the regulations of the State Board of Health;

(b) An analysis of the effectiveness of the provisions of [NRS 442.500](#) to [442.590](#), inclusive, in identifying loss of hearing in newborn children; and

(c) Any related recommendations for legislation.

(Added to NRS by [2001, 2461](#))

NRS 442.560 Hearing screening not required if parent or legal guardian of newborn child objects in writing; written objection to be placed in medical file of newborn child. A newborn child may be discharged from the licensed hospital or obstetric center in which he or she was born without having undergone a required hearing screening or having been referred for a hearing screening if a parent or legal guardian of the newborn child objects in writing to the hearing screening. The hospital or obstetric center shall place the written objection of the parent or legal guardian to the hearing screening in the medical file of the newborn child.

(Added to NRS by [2001, 2461](#))

NRS 442.570 Physician to recommend diagnostic evaluation if hearing screening indicates possibility of hearing loss. If a hearing screening conducted pursuant to [NRS 442.540](#) indicates that a newborn child may have a hearing loss, the physician attending to the newborn child shall recommend to the parent or legal guardian of the newborn child that the newborn child receive an in-depth hearing diagnostic evaluation.

(Added to NRS by [2001, 2462](#))

NRS 442.580 Lead physician or audiologist: Designation; responsibilities. A licensed hospital and a licensed obstetric center shall formally designate a lead physician or audiologist to be responsible for:

1. The administration of the Program for conducting hearing screenings of newborn children; and

2. Monitoring the scoring and interpretation of the test results of the hearing screenings.

(Added to NRS by [2001, 2462](#))

NRS 442.590 Written brochures: Creation by Division; required contents; distribution.

1. The Division shall create written brochures that use terms which are easily understandable to a parent or legal guardian of a newborn child and include, without limitation:

- (a) Information concerning the importance of screening the hearing of a newborn child; and
- (b) A description of the normal development of auditory processes, speech and language in children.

2. The Division shall provide the brochures created pursuant to subsection 1 to each licensed hospital and each licensed obstetric center in this state. These facilities shall provide the brochures to the parents or legal guardians of a newborn child.

(Added to NRS by [2001.2462](#))

TESTING OF PREGNANT WOMEN AND NEWBORN CHILDREN FOR HUMAN IMMUNODEFICIENCY VIRUS

NRS 442.600 Definitions. As used in [NRS 442.600](#) to [442.660](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 442.610](#) and [442.620](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2007.2366](#))

NRS 442.610 “Provider of health care” defined. “Provider of health care” means:

1. A provider of health care as defined in [NRS 629.031](#);
2. A midwife; and
3. An obstetric center licensed pursuant to [chapter 449](#) of NRS.

(Added to NRS by [2007.2367](#))

NRS 442.620 “Rapid test for the human immunodeficiency virus” and “rapid test” defined. “Rapid test for the human immunodeficiency virus” or “rapid test” means a test that:

1. Is used to detect the presence of antibodies to the human immunodeficiency virus; and
2. Provides a result in 30 minutes or less.

(Added to NRS by [2007.2367](#))

NRS 442.630 Test used must be approved by United States Food and Drug Administration; requirements for administration of test.

1. Any test for the human immunodeficiency virus, including, without limitation, a rapid test, that is used to carry out the provisions of [NRS 442.600](#) to [442.660](#), inclusive, must be approved by the United States Food and Drug Administration.

2. Each test administered to a woman or performed on a child pursuant to the provisions of [NRS 442.600](#) to [442.660](#), inclusive, must be administered or performed in accordance with:

(a) The provisions of [chapter 652](#) of NRS and any regulations adopted pursuant thereto; and

(b) The Clinical Laboratory Improvement Amendments of 1988, Public Law No. 100-578, 42 U.S.C. § 263a, if applicable.

(Added to NRS by [2007.2367](#))

NRS 442.640 Requirement for testing of pregnant woman for human immunodeficiency virus.

1. A provider of health care who provides prenatal care to a woman during the first trimester of her pregnancy shall ensure that the woman receives, at her first visit or as soon thereafter as practicable, the routine prenatal screening tests recommended for all pregnant women by the Centers for Disease Control and Prevention, including, without limitation, a screening test for the human immunodeficiency virus, unless the woman chooses not to have a screening test for the human immunodeficiency virus or any of the other prenatal screening tests.

2. A provider of health care who provides prenatal care to a woman during the third trimester of her pregnancy shall ensure that the woman receives, between the 27th and the 36th week of gestation or as soon thereafter as practicable, a test for the human immunodeficiency virus if she:

(a) Has not been tested for the human immunodeficiency virus earlier during her pregnancy or the results of an earlier test are not available; or

(b) Is at high risk for infection with the human immunodeficiency virus, unless the woman chooses not to have such a test.

3. A provider of health care who attends or assists a woman during childbirth shall:

(a) Ensure that the woman receives a rapid test for the human immunodeficiency virus if she has not been tested for the human immunodeficiency virus earlier during her pregnancy or the results of an earlier test are not available, unless the woman chooses not to have such a test; and

(b) If the rapid test is administered and the result of the rapid test is positive for the presence of antibodies to the human immunodeficiency virus, offer to initiate antiretroviral prophylaxis to reduce the risk of perinatal transmission of the human immunodeficiency virus as soon as practicable after receiving the result of the rapid test and without waiting for the results of any other test administered to confirm the result of the rapid test.

4. For the purposes of this section, a woman is at high risk for infection with the human immunodeficiency virus if she:

(a) Receives health care in:

(1) A jurisdiction that the Centers for Disease Control and Prevention has identified as having an elevated incidence of human immunodeficiency virus or acquired immunodeficiency syndrome among women between the ages of 15 and 45 years; or

(2) A health care facility that, under the standards of the Centers for Disease Control and Prevention, is considered a high-risk clinical setting because prenatal screening has identified at least one pregnant woman who is infected with the human immunodeficiency virus for each 1,000 pregnant women screened at the facility; or

(b) Reports having one or more of the risk factors for infection with the human immunodeficiency virus identified by the Centers for Disease Control and Prevention, including, without limitation:

(1) Engaging in sexual activities with more than one person during the pregnancy without using effective measures